

STATE OF NEVADA
BOARD OF PSYCHOLOGICAL EXAMINERS
4600 Kietzke Lane, Bldg E-141 ♦ Reno, NV 89502 ♦ (775)688-1268 ♦ FAX (775)688-1272
nbop@govmail.state.nv.us

INSTRUCTIONS TO APPLICANT: Please complete the following and submit directly to the reference for return to the Board Office.

Personal Reference (Name/Title)	Applicant (Name)
Street Address	Street Address
City, State, ZIP	City, State, ZIP

I authorize the exchange of any and all information pertaining to this document between the named personal reference and the Board. I understand that the information may be released to me by the Board, but not to the general public.

Applicant	Date
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INSTRUCTIONS TO REFERENCE: The above applicant has applied for certification as an Autistic Behavior Interventionist in Nevada and has identified you as a person with knowledge of his/her character and qualifications to practice psychology and/or Behavior Analysis. Your accurate and timely provision of this information directly to the Board will greatly facilitate the application process.

Character Reference

(Please print or type - Use additional sheet(s) if necessary)

1. During what period did you have enough contact with the applicant that you could form an impression of his/her ability to carry out professional responsibilities?	From: Month/Year	To: Month/Year
2. What was the nature of your relationship?		
3. How well did you know applicant during that period and in that context?		
4. Describe below the psychological duties which applicant performed and of which you had direct knowledge.		
5. In your opinion, did this applicant at any time or in any way show evidence of behavior, judgement or performance problems, or other characteristics which would give rise to any question or doubt of his/her suitability for licensure?	Yes	No

Under penalty of perjury I herewith affirm that the information supplied herein is, to the best of my knowledge and belief, true, accurate, and complete.

Signed _____	Title & Organization _____
Date _____	
	State of _____
	County of _____
(Notary Stamp)	Signed and sworn to (or affirmed) before me on (Date) _____
	By _____
	Name of person making statement
	Signature of Notary _____